

www.mass.gov/abcc

LICENSE NU	MBER: 083000001		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATIO:	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: NORTH ATTI	LEBOROUGH LODG	GE 1011,	
DOING BUSI	NESS A BNVLNT &	PRTCTV ORDER O	F ELKS	
ADDRESS 52	BULFINCH ST.			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: N	MA ZIP CODE:	02760
MANAGER:	LANGILLE, BRETT T.	TYPE OF LICENSE	::Club Ca	ATEGORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
	TWO SIE ETNRANCI		N, FOUR UTILITY RO ON ON GROUNDS EA	
I hereby certify	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for	the same premises now	licensed;
2. the	licensee has complied	with all laws of the C	Commonwealth relating to	o taxes; and
	premises are now open		_	
SIGNED BY				
	Individual, Par	tner or Authorized C	orporate Officer	
DATE				
DATE:	TELEPH	IONE NUMBER:		LIDENTIFICATION NUMBER: lividual Social Security Number)
			(1 vote) <u>1 vote</u> mio	ividual social security (valides)
Acts of 2004,	signed by the building	g inspector and the	head of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	INO AUTHORITT
DISAPPROVI	ED:		Dy.	
(If disapproved				
DATE:				



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LICENSE NUM	IBER: 083000003		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN		COUNTRY GOLF, INC.		
ADDRESS 350	CUSHMAN RD.			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
	BOURQUE, RAYMOND	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRI		OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
MAIN FLOOR, ROOM. ENTRA	ANCE TO HALL,EX	EMISES: HEN (IN CELLAR), TWO IT FROM KITCHEN AN alties of perjury that:		
2. the li	icensee has complied	with all laws of the Comr n for business (If not explain	nonwealth relating to	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, s	igned by the buildir	e are in possession (1) the ng inspector and the head te of liquor liability insu	l of the fire departr	
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NUN	MBER: 083000009		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: NEWELL-BLAI	S POST 443 VETS O	F	
DOING BUSIN	NESS A FOREIGN WA	RS OF U.S., INC.		
ADDRESS 50	JEFFERSON			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
	GEDGAUDAS, TY	YPE OF LICENSE: Vo	eterans club CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	IISES:		
	OR-MAIN HALL, CLUE NCE, ONE SIDE EXIT A			
I hereby certify	and swear under penalti	es of perjury that:		
1. the 1	renewed license will be o	of the same type for the	e same premises now	licensed;
2. the l	licensee has complied wi	th all laws of the Com	monwealth relating to	taxes; and
3. the 1	premises are now open for	or business (If not exp	lain below)	
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, s	signed by the building i	nspector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	·
DISAPPROVE	ED:		•	
(If disapproved	l explain)		-	
DATE:				



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LICENSE NUMBE	R: 083000012		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: NOLAN'S NORTH	I END CLUB IN	C.	
DOING BUSINESS	S A			
ADDRESS 335 NO	. WASHINGTON			
CITY/TOWN: NC AT	ORTH TLEBOROUGH	STATE: N	IA ZIP CODE:	02760
MANAGER: HA	RRIS, JOHN K. TYI	PE OF LICENSE	:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
TWO FLOOR BLD FLOOR; SIX ROO! I hereby certify and 1. the renev 2. the licen	MS ON SECOND FLO swear under penalties wed license will be of	of perjury that: the same type for all laws of the C business (If not e	the same premises now ommonwealth relating to explain below)	licensed;
DATE:	TELEPHON	E NUMBER:		L IDENTIFICATION NUMBER:
Acts of 2004, signe	ed by the building ins	spector and the	head of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp.	Lain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NUN	MBER: 083000013		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION	N FOR RENEWAL:	Annua	l LICEN	NSED FOR 2013
		CLAS	S	YEAR
LICENSEE NA	ME: NG/YUEN I	ENTERPRISES, INC.		
DOING BUSIN	NESS A DRAGON	GARDEN		
ADDRESS 035	5-37 NO. WASHING	GTON		
CITY/TOWN:	NORTH ATTLEBOROUG	STATE:	MA ZIP CODE:	02760
MANAGER:	LILLY NG	TYPE OF LICENS	E:Restaurant C	CATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
-	N OF LICENSED P			
			M) CONSISTING OF A CELLAR WILL BE USI	
		nalties of perjury that		
•	•		or the same premises nov	v licensed:
		• •	Commonwealth relating	
	-	en for business (If no	•	to tailes, and
	. 1		,	
SIGNED BY	Individual, I	Partner or Authorized	Corporate Officer	
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> In	dividual Social Security Number)
Acts of 2004, s	signed by the build	ing inspector and the	e head of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Belo	<u>w:</u>		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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LICENSE NUI	MBER: 083000017		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION	N FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	AME: CAVALIERI CO NESS A FALLS A.C.	PRPORATION		
ADDRESS 8 S	TACK RD.			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER:	CAVALIERI, T'ANGELO E.	YPE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
ROOM HAS E FUNCTION R FLOOR; STAI I hereby certify 1. the 1 2. the 1	FUNCTION ROOMS, 2 EXIT TO OUTSIDE STAM HAS COMMON DOO RCASE BY KITCHEN of and swear under penaltic renewed license will be of licensee has complied with premises are now open for	AIRCASE & DOORWADORWAY TO FIRST ROWN & FIRE ESCAPE. The same type for the same type	AY INTO 2ND ROC OOM; STAIRCASE same premises now nonwealth relating to	M. OTHER EXIT TO 1ST licensed;
	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	ТЕГЕРНО	NE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004,	signed by the building i	inspector and the head	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE:			-	



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LICENSE NUMBER	R: 083000019		CITY OR TOWN	NORTH ATTLEBOROUGH	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR	
	JOHN C. CHRISIDIS A DELICATESSEN	S			
ADDRESS 560 KEI	LLEY BLVD.				
CITY/TOWN: NO AT	RTH TLEBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER:	TYPE	OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol	
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	S:			
20X100 BLDG., ON REAR.	NE ENTRANCE/EXIT	AT THE FRONT	AND ONE ENTRA	NCE/EXIT AT THE	
I hereby certify and	swear under penalties of	f perjury that:			
	ved license will be of the		e same premises now	licensed;	
	see has complied with al		=		
	ises are now open for bu			,	
SIGNED BY					
SIGNED B I	Individual, Partner or	r Authorized Corp	orate Officer		
SIGNED B I	Individual, Partner or	r Authorized Corp	orate Officer		
SIGNED B I	Individual, Partner or	r Authorized Corp	orate Officer		
DATE:	Individual, Partner or TELEPHONE			R IDENTIFICATION NUMBER:	
			EMPLOYER	R IDENTIFICATION NUMBER: lividual Social Security Number)	
DATE: We the undersigned Acts of 2004, signed	TELEPHONE ed, attest that we are in ed by the building inspe	NUMBER: n possession (1) the ctor and the hea	EMPLOYER (Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	lividual Social Security Number) ed by Chapter 304 of the	
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below:	TELEPHONE ed, attest that we are in ed by the building inspe	NUMBER: n possession (1) the ctor and the hea	EMPLOYER (Note: NOT Inc.) The certificate required of the fire departs are	ed by Chapter 304 of the ment for the above	
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONE ed, attest that we are in ed by the building inspe	NUMBER: n possession (1) the ctor and the hea	EMPLOYER (Note: NOT Inc.) The certificate required of the fire departs are	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are in ed by the building inspect (2) the certificate of lie	NUMBER: n possession (1) the ctor and the hea	EMPLOYER (Note: NOT Inc.) The certificate required of the fire department of the fire depa	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONE ed, attest that we are in ed by the building inspect (2) the certificate of lie	NUMBER: n possession (1) the ctor and the hea	EMPLOYER (Note: NOT Inc.) The certificate required of the fire department of the fire depa	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are in ed by the building inspect (2) the certificate of lie	NUMBER: n possession (1) the ctor and the hea	EMPLOYER (Note: NOT Inc.) The certificate required of the fire department of the fire depa	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	



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LICENSE NUI	MBER: 083000024		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NA	AME: BETLOU CO	RPORATION		
	NESS A CITY SPIRI			
	1 EAST WASHINGT			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	A ZIP CODE:	02760
MANAGER:	FOSTER, MICHAEL A.	TYPE OF LICENSE:	Package Store C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
		IN ROOM, STORAGE PLUS BASEMENT. T		O TWO
1. the 2. the	licensee has complied	alties of perjury that: be of the same type for the with all laws of the Confort business (If not expense).	mmonwealth relating t	
SIGNED BY	Individual, Pa	artner or Authorized Co.	rporate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 083000025		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN	AME: KELLEY BOULEV NESS A	ARD WINES AN	ID LIQUORS, INC.	
ADDRESS 584	4 KELLEY BLVD.			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER:	MCINTYRE, JOHN TYPI N.	E OF LICENSE: P	Cackage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISE	ES:		
BATHROOM !	NCE/EXIT DOOR, ONE LO FACILITIES ON REAR OI L SECTION OF 15'X8' WHI REA.	FBLDG. WALK-	IN COOLER OF 18'62	X22'X8' WITH AN
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of the	ne same type for the	ne same premises now	licensed;
2. the 1	licensee has complied with a	all laws of the Cor	nmonwealth relating to	taxes; and
3. the 1	premises are now open for b	ousiness (If not exp	plain below)	
SIGNED BY	To d' 'd al Dagona	- A (1-2) - 1 C-2	OSC	
	Individual, Partner of	or Authorized Cor	porate Officer	
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Belo	<u>ow:</u>		LOCALLICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:			-	<u> </u>



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 083000027		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SEEKONK L	QUORS INC.		
DOING BUSIN	NESS A CHRIS GAS	VARRO'S FINE WI	NE & SPIRITS	
ADDRESS 119	90 SOUTH WASHIN	GTON ST		
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: N	MA ZIP CODE:	02760
MANAGER:	GASBARRO. CHRISTOPHER	TYPE OF LICENSE	E:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
-	N OF LICENSED PR			
			E ROOM, 2 OFFICES, E OCK 2 BATREDEMPTI	
I hereby certify	and swear under pen	alties of perjury that:		
		• 1	r the same premises now	
	=		Commonwealth relating to	taxes; and
3. the	premises are now ope	n for business (If not	explain below)	
SIGNED BY	Individual, Pa	rtner or Authorized C	Corporate Officer	
DATE:	TELEP	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083	3000028		C	ITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION FOR RE	NEWAL:	Annua	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: GO	GAJI CORPORA	ATION				
DOING BUSINESS A N	ORTH ATTLEB	ORO LIQUO	R WORL	.D		
ADDRESS 124 PARK ST	ΓREET					
CITY/TOWN: NORTH ATTLEB	OROUGH	STATE:	MA	ZIP CODE:	02760	
MANAGER: PATEL, T B.	WINKLE TYPE	E OF LICENS	SE:Packa	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAII	ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISE	ES:				
ONE STORY BLDG 280 BLDG	0 SQ FT. 34 FT	FRONT, DO	ORS AT	FRONT, REAR	AND CENT	ER OF
I hereby certify and swear	under penalties of	of perjury that	t :			
1. the renewed lie				=		
2. the licensee ha	_			=	taxes; and	
3. the premises an	re now open for b	usiness (If no	t explain	below)		
SIGNED BY	lividual, Partner o	or Authorized	Corporat	e Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER (Note: NOT Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:				LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED: [(If disapproved explain)			-	By: 		
DATE:						<u></u>



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 08	3000029		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION FOR RE	NEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: NE DOING BUSINESS A D				
ADDRESS 5 ROBERT T	ONER BOULE	EVARD		
CITY/TOWN: NORTH ATTLES	BOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER: PATEL,	ANITA TY	PE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLEAS	SE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICE	ENSED PREMI	SES:		
SELLING AREA AND S	TORAGE ROC	M; ONE FRONT	ENTRANCE AND ON	IE REAR EXIT.
	_	a all laws of the Conbuston	mmonwealth relating to	taxes; and
Inc	dividual, Partnei	or Authorized Con	porate Officer	
DATE:	TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	083000030		CI	TY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION FOR I	RENEWAL:	Annua	1	LICENS	SED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME:	CORONA ASSOC	CIATES INC.				
DOING BUSINESS A	STEVEN'S MAR	RKET				
ADDRESS 205 SMITI	H STREET					
CITY/TOWN: NORT ATTL	H EBOROUGH	STATE:	MA	ZIP CODE:	02760	
MANAGER: DURSO R.	D, DANIEL TY	PE OF LICENS	E:Packag	e Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF LI STREET FLOOR- STO ENTRANCES FOR DI	ORAGE AND STO	SES: ORAGE ROOM			CE TWO RI	EAR
2. the licensee	ear under penalties license will be of has complied with s are now open for	the same type for all laws of the	or the san	wealth relating to		
SIGNED BY	Individual, Partne	r or Authorized	Corporate	e Officer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]			OCAL LICENS By:	ING AUTHO	ORITY
DATE:			-			



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LICENSE NUI	MBER: 083000034		CITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: ROBERT C. HEBE	ERT			
DOING BUSIN	NESS A BOB'S MARKET	•			
ADDRESS 42	ARNOLD STREET				
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER:	HEBERT, ROBERT TYP	PE OF LICENSE: P	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		•
DESCRIPTION	N OF LICENSED PREMIS	SES:			
APPROX 1100	SQ FT. ONE FRONT AN	ID ONE SIDE ENT	RANCE.		
 the the 	rand swear under penalties renewed license will be of licensee has complied with premises are now open for	the same type for the all laws of the Con	nmonwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVE (If disapproved			Ву:		
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY LI	CENSEES DURING THE	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	(iA)



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LICENSE NUMBE	R: 083000035		CITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	99 WEST INC				
DOING BUSINESS	\mathbf{A}				
ADDRESS 1510 S	WASHINGTON ST				
CITY/TOWN: NO AT	RTH TLEBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER: Telli	ier, Paul TYPI	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EN	MAIL ADDRESS		1
DESCRIPTION OF	LICENSED PREMISE	ES:			
	OUNGE, DINING RO FIRE EXITS STORA			NCE. ONE N	MAIN
I hereby certify and	swear under penalties of	of perjury that:			
1. the renew	ved license will be of the	ne same type for the	same premises now	licensed;	
2. the licens	see has complied with a	all laws of the Comr	nonwealth relating to	o taxes; and	
3. the premi	ises are now open for b	ousiness (If not explain	ain below)		
SIGNED BY	T 1' ' 1 1 D .		OCC		
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(11010. <u>1101</u> ma	ividuai Sociai S	ceurity (valider)
Acts of 2004, signe	ed, attest that we are i ed by the building insp (2) the certificate of l	ector and the head	l of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl					
(11 disapproved expi	am)				
			-		
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING THE M	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	jA)



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LICENSE NUMBER:	083000036		CITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
LICENSEE NAME: O		E, INC.			
ADDRESS 445 E WA	SHINGTON S	T			
CITY/TOWN: NORT ATTL	TH EBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER: CHEN HWA	, CHAN-	TYPE OF LICENSE: Re	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI	CENSED PRE	EN, RESTROOMS ANI		LAR CONT	AINS
2. the licensee	l license will b has complied	e of the same type for the with all laws of the Com	monwealth relating to		
SIGNED BY	Individual, Par	rtner or Authorized Corp	orate Officer		
DATE:	TELEPF	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Acts of 2004, signed l	by the buildin	e are in possession (1) the ginspector and the heate of liquor liability ins	d of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] h)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 083000038		CITY OR TO		OROUGH
APPLICATIO	N FOR RENEWAL:	Annual CLASS		CENSED FOR	2013 YEAR
	AME: EAST SIDE MANESS A EAST SIDE MANESS A		2.		
ADDRESS 890	0 SOUTH WASHINGT	ON ST			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: N	MA ZIP CODE	E: 02760	
MANAGER:	CARPINI, ANDREW DELLI	ΓΥΡΕ OF LICENSE	E:Package Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
-	N OF LICENSED PRE				
	ENTRANCES ON RT 1 SED FOR ALCOHOL.				LER WITH
I hereby certify	and swear under penal	ties of perjury that:			
1. the	renewed license will be	of the same type fo	r the same premises	now licensed;	
	licensee has complied v			ng to taxes; and	1
3. the	premises are now open	for business (If not	explain below)		
SIGNED BY	Individual, Part	ner or Authorized C	Corporate Officer		
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICA $oldsymbol{ ilde{L}}$ Individual Social	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LIC By:	ENSING AUTI	HORITY
DATE:					



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LICENSE NU	MBER: 083000042		CITY OR TOWN	NORTH ATTLEBOROUGH	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE N.	AME: APPLE NEW	ENGLAND LLC			
DOING BUSI	NESS A APPLEBEE	'S NEIGHBORHOOD GI	RILLE & BAR		
ADDRESS S	WASHINGTON & DI	RAPER AVE			
CITY/TOWN:	: NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER:	NICHOLAS, MICHAEL SCOTT	TYPE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDI	RESS:				
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
5000 SF WITH	SIDE EXITS AND E	EMISES: KITCHEN AND DININC NTRANCES FOR EMER			
2. the	licensee has complied premises are now ope	be of the same type for the with all laws of the Common for business (If not explantment or Authorized Corporation)	monwealth relating to ain below)		_
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
Acts of 2004,	signed by the building	e are in possession (1) th ng inspector and the hea nte of liquor liability insu	d of the fire departi		
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY	
DATE:	. ,				
~					



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LICENSE NUI	MBER: 083000043	C	ITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: FAMALIA INC				
DOING BUSIN	NESS A ROUTE 1 CINE	MA PUB			
ADDRESS 501	1 EAST WASHINGTON	ST			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER:	BALLARINO, TY CHRISTOPHER	PE OF LICENSE: Resta	urant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
		VEBSITE AND ENTER YOUR EMAI	L ADDRESS		<u>I</u>
	N OF LICENSED PREMI			a v ovven e	w 00p
	BLDG LOCATED ON R RESTROOMS, KITCHEN ME STREET				
I hereby certify	and swear under penaltie	s of perjury that:			
1. the	renewed license will be of	the same type for the sa	me premises now	licensed;	
2. the 1	licensee has complied with	h all laws of the Commo	nwealth relating to	taxes; and	
3. the 1	premises are now open for	r business (If not explain	below)		
SIGNED BY	Individual, Partne	r or Authorized Corpora	te Officer		
DATE.					
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(riote: <u>riot</u> ma	rviduai Sociai Sv	ceurity (valider)
Acts of 2004,	rsigned, attest that we are signed by the building in a and (2) the certificate o	spector and the head o	f the fire departr	nent for the	above
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			Ву:		
DISAPPROVE					
(If disapproved	l explain)				
DATE:					



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LICENSE NUM	MBER: 083000044		CITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: ROBERT MACKIE, W	ILLIAM MACI	KIE		
DOING BUSIN	NESS A MACKIE'S RESTAU	RANT & COUN	NTRY STORE		
ADDRESS 049	9-51 NORTH WASHINGTON	STREET			
CITY/TOWN:	NORTH S ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER:	MACKIE, ROBERT TYPE O	F LICENSE:Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		-
	N OF LICENSED PREMISES:				
	ROOMS ON FIRST FLOOR. 2 JILDING. 2 EXITS (KITCHEN STAIRS				
I hereby certify	and swear under penalties of p	erjury that:			
1. the 1	renewed license will be of the s	ame type for the	same premises now	licensed;	
	licensee has complied with all le			taxes; and	
3. the 1	premises are now open for busing	ness (If not expl	ain below)		
SIGNED BY	Individual, Partner or A	uthorized Corpo	prate Officer		
DATE:	TELEPHONE N	JMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
Acts of 2004,	signed, attest that we are in p signed by the building inspect and (2) the certificate of liqu	or and the hea	d of the fire departi	nent for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	ORITY
. 11	• /				



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	ON PREMISES	S LICENSE RENI	EWAL APPLICAT	<u>TION</u>
LICENSE NUM	BER: 083000045		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSINE	ME: T.G.I. FRIDAY'S INC ESS A T.G.I. FRIDAY'S SO WASHINGTON STR			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
	COBBINS, TYPE CACHEL	OF LICENSE: Res	taurant Ca	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
ONE FLOOR FR APPROX. 5500 I hereby certify a 1. the re 2. the lice	PLEASE ALSO VISIT OUR WEBS OF LICENSED PREMISE REE STANDING RESTAU SQUARE FT. Ind swear under penalties of newed license will be of the tensee has complied with all emises are now open for bu	S: JRANT WITH ACC f perjury that: e same type for the Il laws of the Comm	companying BA same premises now nonwealth relating to	licensed;
	Individual, Partner or	r Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, sig	gned, attest that we are in gned by the building insp and (2) the certificate of li	ector and the head	of the fire departi	nent for the above
Please Check Below APPROVED: DISAPPROVED: (If disapproved e):		LOCAL LICENS By:	ING AUTHORITY



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A MacHon	ON PREM	MISES LICENSE REN	EWAL APPLICAT	ION
LICENSE NUI	MBER: 083000048		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: ALL STAR PU NESS A NORTH BOW			
ADDRESS 71	E. WASHINGTON ST	REET		
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER:	KINSLEY, KELLI	ΓΥΡΕ OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
35000 SF BLD I hereby certify 1. the 2. the	and swear under penal renewed license will be licensee has complied v	OWLING ALLEY. 2 EN	e same premises now monwealth relating to	licensed;
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004,	signed by the building	inspector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NUI	MBER: 083000049		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: RARE HOSPITAI	LITY INTERNATIO	ONAL, INC	
DOING BUSI	NESS A LONGHORN ST	EAKHOUSE		
ADDRESS 12:	50 SOUTH WASHINGTO	ON ST		
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER:	DEPOT, STEVEN TY MICHAEL	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMI	SES:		
AND LOUNGEMERGENCY	3 SQ FT OF GROSS FLOO E AREA, SEATING FOR 7 USE, REAR ENTRY AN ED RESTROOMS	210 PEOPLE, FRO	NT ENT FOR PUBL	IC, SIDE EXIT FOR
I hereby certify	and swear under penalties	s of perjury that:		
1. the	renewed license will be of	the same type for th	e same premises now	licensed;
2. the	licensee has complied with	all laws of the Com	nmonwealth relating to	taxes; and
3. the	premises are now open for	business (If not exp	lain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate of	spector and the hea	nd of the fire departi	nent for the above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	d explain)			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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	OFF-PREMIS	SESLICENSE RE	NEWAL APPLICAT	<u> ION</u>
LICENSE NUI	MBER: 083000050		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: HANGING OUT II NESS A MOLLY O'SHEA		TS	
ADDRESS 473	B E.WASHINGTON ST.			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER:	JOHNSON, JAMES TYP	'E OF LICENSE: P	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	SES:		
APPROX. 3,00	00 SQ. FT. IN EXISTING	STRIP MALL.		
I hereby certify	and swear under penalties	of periury that:		
-	renewed license will be of		ne same premises now	licensed.
	licensee has complied with		=	
	premises are now open for		=	o tunos, una
	promises are now open for		,	
CICNED DV				
SIGNED BY	Individual, Partner	or Authorized Cor	norate Officer	
	marviduai, i artiici	of Authorized Cor	portite Officer	
DATE.				
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER
			(Note: NOI Ind	lividual Social Security Number
n				
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:				
DISAPPROVE	T.		By:	
(If disapproved				



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LICENSE NUMBER:	:083000051		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	VP OSKO ENTERPR	ISES LLC		
DOING BUSINESS A	A BOX SEATS			
ADDRESS 500 EAST	Γ WASHINGTON STR	REET		
CITY/TOWN: NOR ATTI	TH LEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER: OSKO	O, BOUTROS TYPE (OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES	b:		
ENTRANCE AT PAR	ORTHEAST AT TOWI RKING LOT, SIDE AT AT REAR. OUTSIDE D OF BUILDING	ATRIUM, EME	RGENCY EXIT AT	LEFT FRONT,
I hereby certify and sv	wear under penalties of	perjury that:		
1. the renewe	ed license will be of the	same type for the	same premises now	licensed;
2. the license	e has complied with all	laws of the Comm	nonwealth relating to	taxes; and
3. the premise	es are now open for bus	siness (If not expla	nin below)	
SIGNED BY	Individual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE N	IUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, signed	by the building inspec	ctor and the head	l of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	n)			

DATE:



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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ON PREMISE	S LICENSE REN	EWAL APPLICAT	CION
LICENSE NUMBER: 083000052		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MPG NORTH ATTI	LEBORO LLC		
DOING BUSINESS A PICCADILLY PUR	3 RESTAURANT		
ADDRESS 11 ROBERT TONER BLVD S	UITE 2		
CITY/TOWN: NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER: ROY, HEATHER TYPE	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
APPLICANT_PROPOSES TO CONSTRU PER THE ATTACHED PLANS TO ITS E		AMED DECK OF A	PPROX. 72 SQ. FT.
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th		_	
2. the licensee has complied with a		_	o taxes; and
3. the premises are now open for b	usiness (If not expl	ain below)	
SIGNED BY Individual, Partner o	or Authorized Corne	orate Officer	
marvidual, i artifer o	1 Muniorized Corp.	rate officer	
DATE: TELEPHONE	NIIIMDED.	EMPI OYER	R IDENTIFICATION NUMBER:
TELEPHONE	NUMBER:		lividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below:	ector and the head	d of the fire departi rance required by	ment for the above
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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	ON PREM	IISES LICENSE REN	EWAL APPLICAT	<u>TION</u>
LICENSE NU	MBER: 083000053		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: QUAN'S ENTE NESS A QUAN'S KITO			
ADDRESS 50	1 EAST WASHINGTO	N ST		
CITY/TOWN:	: NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER:	QUAN, ERIC Y.G. T	YPE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	N OF LICENSED PREI			
 the the 	y and swear under penals renewed license will be licensee has complied w premises are now open	of the same type for the	nonwealth relating to	
SIGNED BY	Individual, Part	ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004,	signed by the building	inspector and the head	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Bel- APPROVED: DISAPPROVI	ED:		LOCAL LICENS By:	SING AUTHORITY



<u>ıbcc</u>	
WAL APPLICAT	<u>ION</u>
CITY OR TOWN	NORTH ATTLEBOROUGH
LICEN	SED FOR 2013
	YEAR
ZIP CODE:	02763
aurant CA	ATEGORY: All Alcohol
ame premises now	
ate Officer	
	R IDENTIFICATION NUMBER:
of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
LOCAL LICENS By:	ING AUTHORITY
	ZIP CODE: aurant CA AIL ADDRESS ITCHEN AREA ame premises now onwealth relating to n below) ate Officer EMPLOYER (Note: NOT Indicertificate require of the fire department of t

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

1034CHUSE	5)	www.mass.	gov/abcc			
· No	OFF-PR	<u>EMISESLICENSE I</u>	RENEWAL A	PPLICAT	<u> TION</u>	
LICENSE NUM	BER: 083000057		CITY OI	R TOWN	NORTH ATTLEBO	ROUGH
APPLICATION	FOR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
	ME: CMG CONVI	ENIENCE GROUP II 'S#458	NC.			
ADDRESS 4 EL	M STREET					
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: 1	MA ZIP (CODE:	02760	
	GOLDSMITH, CRAIG M.	TYPE OF LICENSE	E:Package Stor	e C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:					
 the re the lie 	newed license will l censee has complied	alties of perjury that: be of the same type fo I with all laws of the C en for business (If not	Commonwealth	relating t		
BIGIVED BI	Individual, Pa	artner or Authorized (Corporate Offic	er		
DATE:	TELEP	HONE NUMBER:				CION NUMBER: Security Number)
Please Check Below APPROVED: [DISAPPROVED (If disapproved 6	D:		LOCAL By:	L LICENS	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 083000060		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION FOR RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME: FELIX SHAYEV DOING BUSINESS A BISTRO 45	/ICH		
ADDRESS 45 NO. WASHINGTON ST	Γ.		
CITY/TOWN: NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER: FELIX TY SHAYEVICH	YPE OF LICENSE: Rest	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR EM IISES:	AIL ADDRESS	
1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for the premises are now open	of the same type for the sith all laws of the Comm	onwealth relating to	
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we at Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	inspector and the head	of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUME	BER: 083000062		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: BERTUCCI'S RES	TAURANT CORP		
DOING BUSINE	SS A BERTUCCI'S IT.	ALIAN RESTAUR	ANT	
ADDRESS 999 S	. WASHINGTON STRI	EET- UNIT E111		
CITY/TOWN: N	IORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
	DDIN-ALVES, TYPABIO J.	PE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
APPROX.6,678 S	OF LICENSED PREMIS Q. FT.ITALIAN REST MS AND 1 MAIN ENTH	AURANT IN A RE		1 KITCHEN, 1 BAR,
I hereby certify ar	nd swear under penalties	of perjury that:		
1. the ren	ewed license will be of	the same type for th	e same premises now	licensed;
	ensee has complied with		_	
3. the pre	emises are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER	DENTIFICATION NUMBER:
	12221101	21,01,1221	(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, sig	ned by the building ins	spector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			-	
(If disapproved ex	xplain)			
DATE:				



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LICENSE NUMBER: 083000065	CITY C	OR TOWN	NORTH ATTLEBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: LJ LEGACY INC. DOING BUSINESS A NORM'S SEAFOOD				
ADDRESS 465 EAST WASHINGTON STREET	•			
CITY/TOWN: NORTH STA ATTLEBOROUGH	ATE: MA ZIP	CODE:	02760	
MANAGER: JODOIN, LIANNE TYPE OF L	ICENSE: Restaurant	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	DENTER YOUR EMAIL ADDRE	ESS		
DESCRIPTION OF LICENSED PREMISES:				
APPROX.2,000 SQ. FT. , 1ST. FLOOR WITH PUTABALES KITCHEN IN REAR WITH STORAGE				
I hereby certify and swear under penalties of perju	ry that:			
1. the renewed license will be of the same	e type for the same pre	emises now	licensed;	
2. the licensee has complied with all laws	of the Commonwealt	h relating to	taxes; and	
3. the premises are now open for business	s (If not explain below	<i>'</i>)		
SIGNED BY Individual, Partner or Auth	orized Corporate Offi	cer		
	orized Corporate Offi	cer		
	BER:	EMPLOYER	IDENTIFICATI	
Individual, Partner or Auth	BER: (Note: 1) (Note: 1) (Note: 2)	EMPLOYER ote: NOT Indi ate require ire departn	vidual Social Se d by Chapte nent for the a	er 304 of the above
DATE: TELEPHONE NUM We the undersigned, attest that we are in possor Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor li	BER: ession (1) the certific and the head of the f liability insurance re	EMPLOYER ote: <u>NOT</u> Indi ate require ire departn quired by (vidual Social Se d by Chapte nent for the a	er 304 of the above of the Acts
DATE: TELEPHONE NUMBER We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor lof 2010.	BER: (Note: 1) the certifice and the head of the fliability insurance re	EMPLOYER ote: <u>NOT</u> Indi ate require ire departn quired by (vidual Social Se d by Chapte nent for the a Chapter 116	er 304 of the above of the Acts
DATE: TELEPHONE NUM We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor lof 2010. Please Check Below: APPROVED: DISAPPROVED:	BER: ession (1) the certific and the head of the f liability insurance re	EMPLOYER ote: <u>NOT</u> Indi ate require ire departn quired by (vidual Social Se d by Chapte nent for the a Chapter 116	er 304 of the above of the Acts
DATE: TELEPHONE NUM We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor l of 2010. Please Check Below: APPROVED:	BER: (Note: 1) the certifice and the head of the fliability insurance re	EMPLOYER ote: <u>NOT</u> Indi ate require ire departn quired by (vidual Social Se d by Chapte nent for the a Chapter 116	er 304 of the above of the Acts
DATE: TELEPHONE NUM We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor lof 2010. Please Check Below: APPROVED: DISAPPROVED:	BER: (Note: 1) the certifice and the head of the fliability insurance re	EMPLOYER ote: <u>NOT</u> Indi ate require ire departn quired by (vidual Social Se d by Chapte nent for the a Chapter 116	er 304 of the above of the Acts



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LICENSE NUMBER: 0830000	66	CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION FOR RENEW	AL: Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: HAVAN	A CAFÉ INC.		
DOING BUSINESS A HAVAL	NA CAFÉ		
ADDRESS 329 NORTH WASI	HINGTON ST		
CITY/TOWN: NORTH ATTLEBORO	STATE: MA	ZIP CODE:	02760
MANAGER: AZARLOZA	TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
2. the licensee has com 3. the premises are now SIGNED BY	H SEATING UNDER 20 PE	he same premises now nmonwealth relating to plain below)	
DATE: TE	LEPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersigned, attest th Acts of 2004, signed by the bunamed license and (2) the cer of 2010.	ilding inspector and the he	ad of the fire departi	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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LICENSE NUMBER: 083000068	CI	TY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: CHRISTIAN GA	LPIN			
DOING BUSINESS A SPEED OF THE	OUGHT PLAYHOUSE-C	'AFÉ'		
ADDRESS 33-39 NORTH WASHING	TON STREET			
CITY/TOWN: NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER: GALPIN, TY	YPE OF LICENSE: Restau	rant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAIL	ADDRESS		•
DESCRIPTION OF LICENSED PREM	IISES:			
ONE MAIN FUNCTION ROOM1200 ONE HANDICAP ACCESSIBLEONE REARSTORAGE DOWNSTAIRS				, AND
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o	of the same type for the sar	ne premises now	licensed;	
2. the licensee has complied wi	th all laws of the Common	wealth relating to	taxes; and	
3. the premises are now open for	or business (If not explain	below)		
SIGNED BY Individual, Partn	er or Authorized Corporate	e Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head of	the fire departr	nent for the	above
Please Check Below:	I	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	J	Ву:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	083000069		CITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 695 WAS	A DIVINO & MO	ORE			
CITY/TOWN: NOR		STATE: MA	ZIP CODE:	02760	
MANAGER: DARA	AZI,NAIM T	YPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
DESCRIPTION OF L 200 SQ. FT. OF RETA I hereby certify and sw 1. the renewed 2. the licensed	ICENSED PREMAIL SPACE WITH wear under penalted license will be the has complied were are now open for the property of the prop	TH ONE ENTRANCE	AND EXIT e same premises now monwealth relating to lain below)		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUME	BER: 083000070	ı	CITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAM	IE: EVARA, INC				
DOING BUSINE	SS A RED STONI	Ε			
ADDRESS 120 C	CHESTNUT STREE	ET			
CITY/TOWN: N	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760	
MANAGER: Y	ARIAN, ARA	TYPE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		I
DESCRIPTION (OF LICENSED PR	EMISES:			
OUTDOOR PAT	TO, BASEMENT L	OOMSSPLIT LEVEL C EVEL, DRY STORAGE E ENTRANCE ON WASHI	BUTLER'S PARTY	AND DININ	NG
I hereby certify ar	nd swear under pen	alties of perjury that:			
		be of the same type for the s	ame premises now	licensed;	
2. the lice	ensee has complied	with all laws of the Comm	onwealth relating to	taxes; and	
		n for business (If not explai			
SIGNED BY	T 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.55		
	Individual, Pa	rtner or Authorized Corpor	rate Officer		
DATE:			EN (D) OVED	TO ENTITIE OF THE	ION MILL (DED
DATE.	TELEPI	HONE NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)
Acts of 2004, sig	ned by the buildin	e are in possession (1) the ag inspector and the head te of liquor liability insur	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved ex	kplain)				
DATE:					



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LICENSE NUN	MBER: 083000072		CI	TY OR TOWN	NORTH ATTLEBOROUGH	
APPLICATION	N FOR RENEWAL:	Annu	al	LICEN	SED FOR 2013	
		CLAS	SS		YEAR	
	AME: SHOGUN H				T	
ADDRESS 206	6 E. WASHINGTON	I STREET				
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE:	MA	ZIP CODE:	02760	
MANAGER:	ZHENG,JIN RU	TYPE OF LICEN	SE:Restau	rant CA	ATEGORY: All Alcohol	
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
	N OF LICENSED PF					
	RESTAURANT WIT FACILITIES, KITO				QUOR BAR, SUSHI ND REAR	
I hereby certify	and swear under per	nalties of perjury tha	t:			
1. the 1	renewed license will	be of the same type	for the san	ne premises now	licensed;	
2. the l	licensee has complied	d with all laws of the	Common	wealth relating to	taxes; and	
3. the p	premises are now ope	en for business (If no	ot explain l	pelow)		
SIGNED BY	Individual, P	artner or Authorized	Corporate	e Officer		
DATE:	TELEF	PHONE NUMBER:		EMPLOYER	IDENTIFICATION NUMBER:	
				(Note: NOT Individual Social Security Number)		
Acts of 2004, s	signed by the buildi	ing inspector and th	e head of	the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Belo	ow:		I	OCAL LICENS	ING AUTHORITY	
APPROVED:			F	By:		
DISAPPROVE	D:					
(If disapproved	explain)		-			
			-			
DATE:			=			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 083000073		CITY OR TOWN	NORTH ATTLEBO	ROUGH
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
	JOSEPH W. COGG A THE LIQUOR SP				
ADDRESS 86 NOR	TH WASHINGTON S	ST			
CITY/TOWN: NO	RTH FLEBOROUGH	STATE: M.	A ZIP CODE:	02760	
MANAGER: COC EPH	GESHALL,JOS TYP W.	E OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
FRONT ENTRANC AS A PACKAGE ST	ΓORE SELLING ALL	ERY ENTRANCE ALCOHOLIC E	ES & EXITS, WHICH SEVERAGES.	WAS PREVI	OUSLY
 the renew the licens 		he same type for all laws of the Co	the same premises now mmonwealth relating to aplain below)		
SIGNED BY	Individual, Partner of	or Authorized Co	rporate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUM	MBER: 083000075	(CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: RENAIR, INC			
DOING BUSIN	NESS A BRISTOL C	OMMONS		
ADDRESS 553	3 KELLY BLVD			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER:	MCGUIRE, DANIEL M.	TYPE OF LICENSE: Resta	urant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	<u></u>
DESCRIPTION	N OF LICENSED PR	EMISES:		
AREA, OUTSI	DE PATIO AND FU	VITH 46 PARKING SPACE NCTION ROOM. ENTRAN NGE, FUNCTION ROOM.	ICE IN FRONT C	
I hereby certify	and swear under pen	alties of perjury that:		
1. the 1	renewed license will b	e of the same type for the sa	ame premises now	licensed;
2. the 1	licensee has complied	with all laws of the Commo	nwealth relating to	taxes; and
3. the 1	premises are now ope	n for business (If not explain	below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpora	ite Officer	
DATE:	TELEP	HONE NUMBER:		L IDENTIFICATION NUMBER:
Acts of 2004,	signed by the buildir	e are in possession (1) the original the lead of the head of the of liquor liability insura	of the fire departi	nent for the above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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LICENSE NUI	MBER: 083000076		CITY OR TOWN	NORTH ATTLEBOROUGH
APPLICATION FOR RENEWAL:		Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BELLA SARNO,	LLC		
DOING BUSIN	NESS A BELLA SARNO	RESTAURANT		
ADDRESS 553	3 KELLY BLVD			
CITY/TOWN:	NORTH ATTLEBOROUGH	STATE: MA	ZIP CODE:	02760
MANAGER:	STEVENS, TY CHRISTINE L	PE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	ISES:		
	T WITH MAIN DINING N FRONT AND EMERC EA			
I hereby certify	and swear under penaltie	es of perjury that:		
1. the	renewed license will be o	f the same type for the	same premises now	licensed;
2. the 1	licensee has complied wit	th all laws of the Comm	nonwealth relating to	taxes; and
3. the 1	premises are now open for	r business (If not expla	in below)	
SIGNED BY	Individual Dartne	er or Authorized Corpo	rata Officar	
	marviduai, r artiid	er of Authorized Corpo	rate Officer	
DATE:	TEI EDUO	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
	TELETHO	NE NUMBER.	(Note: NOT Ind	ividual Social Security Number)
Acts of 2004,	signed, attest that we ar signed by the building in and (2) the certificate of	nspector and the head	of the fire departr	
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		-	
DATE:			-	



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LICENSE NUMBE	ER: 083000077		CITY	OR TOWN	NORTH ATTLEBOR	ROUGH
APPLICATION FO	OR RENEWAL:	Annu	al	LICEN	SED FOR 20	13
		CLAS	SS		•	YEAR
LICENSEE NAME	: JALAPENOS	GRILL II, INC				
DOING BUSINESS	S A JALAPENOS	S GRILL				
ADDRESS 11 ROE	BERT TONER BI	LVD				
CITY/TOWN: NC AT	ORTH TLEBOROUGH	STATE:	MA ZI	P CODE:	02760	
MANAGER: CUI	MMINS, JOAN	TYPE OF LICEN	SE:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	d:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADD	RESS		
DESCRIPTION OF						
RESTAURANT W MEN ONE FOR W FREEZER AND W	OMEN AND ON	E EMPLOYEE BA				
I hereby certify and	swear under pena	alties of perjury tha	t:			
1. the renev	wed license will b	e of the same type	for the same p	remises now	licensed;	
	•	with all laws of the		_	o taxes; and	
3. the prem	nises are now oper	n for business (If no	ot explain belo	w)		
SIGNED BY	Individual, Pa	rtner or Authorized	l Corporate Of	ficer		
DATE:	TELEPI	HONE NUMBER:	()		R IDENTIFICATI	
We the undersigned Acts of 2004, signed named license and of 2010.	ed by the buildin	g inspector and th	ne head of the	fire departs	ment for the a	above
Please Check Below:			LOC	AL LICENS	SING AUTHO	RITY
APPROVED:]		By:			
DISAPPROVED:						
(If disapproved exp	iain)					
DATE:						